

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 1-20-2012

Address: 232 S MAIN STREET

Case #: PO 12-010D

GRIFFIN IN

County: Posey

47616

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other:
INSIDE VEHICLE

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: 3 FULL PROPANE TANKS IN VEHICLE (30 GAL TANKS)
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: CALL FROM DISPATCH

This report is to be faxed to the following agencies that serve the location:

Fire Department: GRIFFIN

Fax:

Health Department: POSEY COUNTY

Fax:

Child Protection Service: POSEY COUNTY

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: G. BOYSTER Phone 812-307-0048

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.